



Client Contact Sheet

Supplied information gives me a better understanding of you as a client; however, if you prefer to leave some sections blank you are free to do so.

Name:	
DOB:	
Age:	
Gender:	
Nationality:	
Contact number and/or Email:	
Address:	
Emergency contact:	
Emergency phone:	
GP:	
Health issues:	
Employment status:	
Reason for attending:	
How did you hear about the service?	My Website <input type="checkbox"/> Doctor <input type="checkbox"/> Other Counsellor <input type="checkbox"/> Friend <input type="checkbox"/> IACP <input type="checkbox"/> Leaflet in Community <input type="checkbox"/> Other..... <input type="checkbox"/>
Office Use	
Client Code:	
Contact date:	
Final Session Date:	
Closure Type:	Planned Closure <input type="checkbox"/> Client Stopped Attending <input type="checkbox"/> Client Contacted by Phone/Email to Close <input type="checkbox"/> Counsellor Contacted by Phone/Email to Close <input type="checkbox"/> Client Referred to Another Service <input type="checkbox"/>